## (.0 28287837

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE PUBLIC RECORDS

12 OCT 15 PM 4: 07

			Otti	ce Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
FRIENDS OF M	IKE LEE INC.			
[			1 1 1 1 1 1	
ADDRESS (number and street)	10 West Broadway, Suite 50	)O		
,	1			
(Check if address is changed)	, Salt Lake City		UT , 8410	01
<b>v</b> ,				
	•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	-mail address)		
	INFO@MIKELÉE201	-		
(Check if address is changed)			1 1 1 1 1 1	<u> </u>
is changed)			1 1 1 1 1	
COMMITTEE'S WEB PAGE AD	DRESS (LIBIL)			
OUMAN TEE O THE TRICE TO	LEEFORSENATE.COM			i
(Check if address	1 1 1			·
is changed)			*	
2. DATE 09 30  3. FEC IDENTIFICATION NO.  4. IS THIS STATEMENT	0.00	00473827 ,X AMENDED (A)		
1		- Construction and a decision of the Park		
I certify that I have examined th	nis Statement and to the best	or my knowleage and belief	t is true, correct and	сотрієте.
Type or Print Name of Treasure	Mike McCauley			<u> </u>
L	$ \bigcirc$		мм	
Signature of Treasure			Date Ö 🦣	30 2012
	1			·
NOTE: Submission of false, errone	eous, or incomplete information of ANY CHANGE IN INFORMATION		·	penalties of 2 U.S.C. §437g.
Office		For further information		FEC FORM 1
Use Only		Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 02/2009)

	orm 1 (Revised 02/2009)	Page 2			
TYPE OF	COMMITTEE				
Candidat	te Committee:	•			
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	<b>.)</b>			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	mplete the candidate			
Name of	, MIKE LEE				
Candidate					
Candidate	Office	State			
Party Affilia	tion REP Sought: House X Senate President	District 00			
(5)	This committee control for the control of the contr	2,00.00			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate		1 1 1 1 1 1			
Party Co	mmittee:				
_	(National, State	(Democratic,			
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Part			
Political.	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization				
	Corporation Corporation w/o Capital Stock	Labor Organization			
		_			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or part			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	m decition, and committee to a respired regionality rec				
	According to the second of the				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  draising Representative:				
(a) +		two or more political			
	draising Representative:				
(a) +	draising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for the contributions of the contribution of the contr	•			
(g)	draising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for tocommittees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for tocommittees/organizations, none of which is an authorized committee of a federal candidate.	•			
(g)	draising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.  Inmittees Participating in Joint Fundraiser	•			
(g)	draising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for tocommittees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for tocommittees/organizations, none of which is an authorized committee of a federal candidate.	•			
(g) ; (h) ;	draising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.  Inmittees Participating in Joint Fundraiser	•			
(g) ; (h) ; Cor 1.	draising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.  Inmittees Participating in Joint Fundraiser  FEC ID number C	•			

Write or Type Committee Nar	ne
FRIENDS OF	MIKE LEE INC.
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in possession of committee
Mike Mo	Cauley
Full Name LII	10 West Broadway, Suite 500
Mailing Address	
	Salt Lake City , UT 184101
Title or Position	CITY STATE ZIP CODE
TREASURER	Telephone number   801   706   4427
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Mike Mo	Cauley
Mailing Address	10 West Broadway, Suite 500
	Salt Lake City UT 84101
Title or Position , TREASURER	CITY STATE ZIP CODE
	Telephone number   801   706   4427

	FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>
	Full Name of Designated Agent	Steve McCauley	
	Mailing Address	10 West Broadway, Suite 500	
		Salt Lake City  CITY  STATE  S	DE
	Title or Position ASSISTANT TR	REASURER  Telephone number  801 - 663	- 9491
١,	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds account of maintains funds.	nts, rents
	Name of Bank, D	Depository, etc.	
		ZIONS BANK	
	Mailing Address	One South Main Street	
		<u> </u>	
		Salt Lake City UT 84133	
		CITY STATE ZIP CO	DDE
	Name of Bank, D	Depository, etc.	
		1	1
	Mailing Address		
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			-1 1
		CITY STATE ZIP CO	DDE

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## United States Senate

OFFICE OF THE SECRETARY

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PREPARER <b>(7)</b>	DATE PREPARED 10-15-1
PREPARER	DATE PREPARED / U / Se



